

## Return-to-Compliance Plan Form

For each requirement question (Req) on the Facility Self-Certification Checklist that you answered as “out of compliance”, you must complete and submit a Return-to-Compliance (RTC) Plan on this RTC form. If you have more than four “out of compliance” answers, make additional copies of this form as needed to fill out an RTC plan form for each such answer.

Shop Name: \_\_\_\_\_  
Contact Name and Phone Number: \_\_\_\_\_

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### Return-to-Compliance Plan #1:

- a. What is the compliance question number on the Self-Certification Checklist for which you are reporting noncompliance? \_\_\_\_\_
- b. Briefly describe the requirement that your shop is not currently fulfilling:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- c. What corrective action will you take to return to compliance?
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- d. Date that you commit to being back in compliance: \_\_\_\_\_
- e. Responsible Official who signed the Compliance Certification Form initial here: \_\_\_\_\_
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### Return-to-Compliance Plan #2:

- a. What is the compliance question number on the Self-Certification Checklist for which you are reporting noncompliance? \_\_\_\_\_
- b. Briefly describe the requirement that your shop is not currently fulfilling:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- c. What corrective action will you take to return to compliance?
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- d. Date that you commit to being back in compliance: \_\_\_\_\_
- e. Responsible Official who signed the Compliance Certification Form initial here: \_\_\_\_\_

Make copies of this page, as needed, before completing.

## Return-to-Compliance Plan Form

Shop Name: \_\_\_\_\_  
Contact Name and Phone Number: \_\_\_\_\_

### Return-to-Compliance Plan #\_\_:

- a. What is the compliance question number on the Self-Certification Checklist for which you are reporting noncompliance? \_\_\_\_\_
- b. Briefly describe the requirement that your shop is not currently fulfilling:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- c. What corrective action will you take to return to compliance?
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- d. Date that you commit to being back in compliance: \_\_\_\_\_
- e. Responsible Official who signed the Compliance Certification Form initial here: \_\_\_\_\_

### Return-to-Compliance Plan #\_\_:

- a. What is the compliance question number on the Self-Certification Checklist for which you are reporting noncompliance? \_\_\_\_\_
- b. Briefly describe the requirement that your shop is not currently fulfilling:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- c. What corrective action will you take to return to compliance?
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- d. Date that you commit to being back in compliance: \_\_\_\_\_
- e. Responsible Official who signed the Compliance Certification Form initial here: \_\_\_\_\_